



General Assembly

January Session, 2013

Raised Bill No. 6588

LCO No. 3934



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

***AN ACT CONCERNING THE EXPIRATION OF CERTAIN HEALTH
CARE PROVIDER CONTRACTS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2013*) (a) As used in this
2 section:

3 (1) "Health care center" has the same meaning as provided in section
4 38a-175 of the general statutes;

5 (2) "Hospital" has the same meaning as provided in section 19a-289a
6 of the general statutes;

7 (3) "Hospital service corporation" has the same meaning as provided
8 in section 38a-199 of the general statutes;

9 (4) "Insurer" has the same meaning as provided in section 38a-551 of
10 the general statutes; and

11 (5) "Medical service corporation" has the same meaning as provided
12 in section 38a-214 of the general statutes.

13 (b) Not later than ninety days before the expiration of such contract,
14 the hospital or physician-hospital organization shall provide written
15 notice to all current patients that may be affected by the expiration of
16 such contract that includes: (1) The expiration date of such contract; (2)
17 a statement that the hospital or physician-hospital organization may
18 not be in-network after expiration of the contract; (3) information
19 concerning the available procedures for a patient to continue existing
20 coverage or secure alternative coverage for future treatment; (4)
21 contact information for the appropriate person or department of the
22 hospital or the physician-hospital organization and the insurer, health
23 care center or medical service corporation; and (5) contact information
24 for the Office of the Healthcare Advocate.

25 (c) Not later than thirty days before the expiration of a contract
26 between a hospital or a physician-hospital organization and an insurer,
27 health care center or medical service corporation, the hospital or
28 physician-hospital organization shall: (1) Obtain a certification or
29 accreditation from the National Committee for Quality Assurance or
30 URAC that the network of providers is likely to remain consistent with
31 the National Committee for Quality Assurance's network adequacy
32 requirements or URAC's provider network access and availability
33 standards after expiration of such contract; and (2) submit such
34 certification or accreditation to the Insurance Commissioner.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2013	New section

Statement of Purpose:

To require certification or accreditation that an adequate provider network will exist after expiration of a contract between a hospital or physician-hospital organization and an insurer, health care center or medical service corporation and to require notice to patients when such contract is set to expire.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]